CLAIMS ONLY

Application Number	Filing Date
06/877987	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED 7-11-86		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3	1					
4						
5		3				
6		3				
7		3				
8		3				
9		3				
10		2				
11		3				
12		3				
13		2				
14		3				
15		3				
16		2				
17	1					
18						
19		1				
20	1					
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37	X					
38		3				
39	X	X				
40						
41	1					
42						
43						
44		1				
45	1					
46						
47						
48						
49						
50						
Total Indep	10					
Total Depend	56					
Total Claims	66					

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						